



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 15-0069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$96267087
Outpatient Patient Service Revenue	\$199796695
Total Gross Patient Service Revenue	\$296063782

2. Deductions From Revenue

Contractual Allowance	\$183425533
Other Deductions	\$1256339
Total Deductions	\$184681872

3. Total Operating Revenue

Net Patient Service Revenue	\$111381910
Other Operating Revenue	\$1494269
Total Operating Revenue	\$112876179

4. Operating Expenses

Salaries and Wages	\$29189928	Employee Benefits	\$6991801
Depreciation and Amortization	\$7726820	Interest Expense	\$4464484
Bad Debt	\$9729637	Other Expenses	\$37305863
Total Operating Expenses	\$95408533		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17467646	Total Assets	\$277272258
Net Non-operating Gains over Loss	\$15328669	Total Liabilities	\$106472844

Total Net Gains	\$32796315
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$153168739	\$116812920	\$36355819
Medicaid	\$46214777	\$36761125	\$9453652
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$96680266	\$29851488	\$66828778
Total	\$296063782	\$183425533	\$112638249

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$9089	\$-9089

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$45350	\$169513	\$-124163
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$1256339
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$445661	
HCI Payments	\$0		
Subtotal	\$0	\$445661	\$-445661
Medicaid Shortfalls	\$9235368	\$16393779	
Subtotal	\$9235368	\$16839440	\$-7604072
DSH Payments	\$218,284		
Subtotal	\$9453652	\$16839440	\$-7385788
Medicare Shortfalls	\$36355819	\$54333584	
Other Government Programs	\$0	\$0	
Total	\$45809471	\$71173024	\$-25363553

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$50137	\$317244	\$-267107
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$11565	\$-11565
Other Allocations	\$140488	\$188528	\$-48040

Comments

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